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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**Substitute for Form PTO-1360  
(For use with Form PTO/SB/05)

Application Number

09/863376

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 12-8-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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